

GENERAL FACT SHEET

BILL NUMBER

11R-44

BRIEF TITLE	APPROVAL DEADLINE	REASON
Annual Medical Equipment & Supplies, Bid No. 10-220		Multiple Year Contract

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Resolution to provide the Annual Medical Equipment & Supplies, Bid 10-220 from Physicians Sales & Service, effective upon execution by both parties for a four (4) year period. This supply will be used by Multiple City of Lincoln Departments for the acquisition of Medical Equipment & Supplies as needed. The estimated cost for one (1) year \$155,508.62/year for an estimated total of \$622,034.48 for four (4) years. Of the estimated cost, approximately 70% will be used by the City Departments for an amount of \$108,856.04/year and \$435,424.14 for four (4) years. The remaining 30% will be used by Lancaster County.</p>	Sponsor	Purchasing
	Program Departments, or Groups Affected	Multiple City Departments
	Applicants/Proponents	<p>Applicant:</p> <p>Purchasing</p> <p>City Department:</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommend.	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	<p>BY</p> <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	<p>CITY COUNCIL ACTIONS (For Council Use Only)</p>	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

<p>Resolution to provide the Annual Medical Equipment & Supplies, Bid 10-220 from Physicians Sales & Service, effective upon execution by both parties for a four (4) year period. This supply will be used by Multiple City of Lincoln Departments for the acquisition of Medical Equipment & Supplies as needed. The estimated cost for one (1) year \$155,508.62/year for an estimated total of \$622,034.48 for four (4) years. Of the estimated cost, approximately 70% will be used by the City Departments for an amount of \$108,856.04/year and \$435,424.14 for four (4) years. The remaining 30% will be used by Lancaster County.</p>	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>
	OPERATIONAL IMPACT ASSESSMENT	<hr/> <hr/> <hr/>
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/Resolution \$
		RELATED annual operating Costs \$
		INCREASE REVENUE EXPECTED/YEAR \$
SOURCE OF FUNDS	CITY [Approximately]	
	\$ _____	% _____
	\$ _____	% _____
	\$ _____	% _____
	NON CITY [Approximately]	
	\$ _____	% _____
\$ _____	% _____	
\$ _____	% _____	
BENEFIT COST <input type="checkbox"/> Front Foot Assessment Average <input type="checkbox"/> Square Foot \$ _____ \$ _____		

APPLICABLE DATES:

FACT SHEET PREPARED BY: Sharon Mulder

REVIEW BY:

REFERENCE NUMBER